BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL E | OR | OTHER THAN OR SMALL ENTITY | | |
|--|----------------------|---|---------------|---|------------------|---------------------|---|-------------------------------|---------------------|------------------------|
| FC | ₽R | NUMBE | ER FILED | NUMBER 6 | EXTRA | RATE | FEE | 1 / | RATE | FEE |
| ВА | ASIC FEE | | | | | | 380.00 | OR | | 760.00 |
| то | TAL CLAIMS | 1 1 | minus 20: | = * | | X\$ 9= | | OR | X\$18= | |
| <u> </u> | DEPENDENT CL | , | minus 3 : | = * 5 | | X39= | | OR | X78= | 4.1 |
| MU | LTIPLE DEPEN | NDENT CLAIM PF | RESENT | | | +130= | | OR | +260= | |
| * If | the difference | olumn 2 | TOTAL | | OR | TOTAL | 1150 | | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | SMALL | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDM | Total | * 18 | Minus | ·· 20 | = | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * S | .1 | *** 8 | = | X39= | | OR | X78= | |
| H | FIRST PHESE | NTAHON OF MC | JLTIPLE DEFE | NDENT CLAIM | | +130= | | OR | +260= | |
| | | | | | | TOTAL | | | TOTAL | |
| | | (Column 1) | | (Column 2) | (Column 3) | ADDIT. FEE | | J , | ADDIT. FEE | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | Minus . | ** | = | X\$ 9= | | OR | X\$18= | |
| AME | Independent | * | <u> </u> | *** | = | X39= | | OR | X78= | |
| | FIRST PRESE | ENTATION OF MU | JLTIPLE DEPE | NDENT CLAIM | | +130= | | OR | +260= | |
| | | | | | | TOTAL ADDIT. FEE | | | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Column 2) | (Column 3) | • • • | | | L | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDM | | . 19 | Minus * | #20 | = | X\$ 9= | | OR | X\$18= | |
| AME | | | | *** 2 | = / | X39= | | OR | X78= | |
| | FIRST PHESE | NTATION OF MU | ILTIPLE DEPER | NDENT CLAIM | | +130= | | OR | +260= | |
| | f the entry in colum | lumn 3. n 20, enter "20." | TOTAL | | OB L | TOTAL ADDIT, FEE | | | | |
| | | mber Previously Pa | | | | ADDIT. FEE | | • | ADDII. PEEL | |